

**STATE OF ARKANSAS**  
**REGISTRATION FOR SOFT DRINK TAX & LICENSE**  
**BY AUTHORITY AND IN ACCORDANCE WITH ACT 7 OF 2ND EXT. SESS. OF 1992**

FEIN/SS#: \_\_\_\_\_ Sales Tax # \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS

BUSINESS LOCATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone(        ) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

MT-DRINKREG

*(An application must be made and license obtained for each place of business)*

DEPARTMENTAL USE ONLY

License No. issued:

CHECK NATURE OF BUSINESS

- ☐ Manufacturer  
☐ Distributor  
☐ Wholesaler  
☐ Retailer  
☐ Other: \_\_\_\_\_

Mail or bring form to:  
Miscellaneous Tax Section  
7th & Wolfe Room 230  
P.O. Box 896  
Little Rock, AR 72203-0896  
Phone (501) 682-7181